

CLASS C REINSTATEMENT FORM

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242706

<p>File the original with:</p> <p>Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896-5100 FAX (803) 896-5199</p>	<p>Mail or fax a copy to:</p> <p>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</p>
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DATE: 4/1/2013

Docket # 2010-12-T

RECEIVED

Please consider this an application for Reinstatement of my:

APR -4 2013

- ☒ Taxi Certificate Number 8233
- ☐ Charter Certificate Number _____
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____

T.T.W.W/W

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APR 6 2013

My certificate was revoked/cancelled on 11/14/2011 because We did not have any vehicle at the time.
(DATE)

I am seeking reinstatement because we have vehicles for Taxi now.

Maya Group LLC
(Name of Company)

DBA Charleston Downtown Limo / Tropical Taxi
(if applicable)

209 Meeting Street
(Street Address)

PO Box 503
Charleston SC 29402
(Mailing Address if different from Street Address)

Charleston, SC 29401
(City, State, Zip Code)

[Signature]
(Signature)

843-723-1111
(Telephone Number)

Owner
(Title) Owner, President, etc.

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
 Clerk's Office
 Motor Carrier Matters
 P.O. Box 11049
 Columbia, S.C. 29211
 (803) 896-5100
 FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1401 Main Street, Suite 900
 Columbia, S.C. 29201
 (803) 737-0578
 FAX (803) 737-0815

RECEIVEDDATE: 4/01/2013

APR - 4 2013

Docket 2010-12-T

I have asked for Reinstatement **T.T.W.W.W**
 of my:

☒ Class C Taxi # 8233 ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____

☐ Class C Non-Emergency # _____

In addition to my Request to reinstate my taxi certificate, I want you to Please consider this as my request Amend the name on certificate to:

☒ Name Change

From: Maya Group LLC

(Current Name)

DBA: Charleston Downtown Limo / Tropical Taxi

(Current DBA if applicable)

TO: Maya Group LLC

(New Name)

DBA: Charleston Downtown Limo / Charleston Black Cab Co.

(New DBA if applicable)

☐ Scope of Authority

From: _____

(Current Scope)

To: _____

(New Scope)

☐ Passenger Limit

From: _____

(Current Limit Number)

To: _____

(New Limit Number)

Name & DBA if DBA is applicable)

Charleston, SC 29401

(City, State, Zip Code)

209 Meeting Street, PO Box 503, Charleston SC 29402

(Street and/or Mailing Address)



(Signature)

843-723-1111

(Telephone Number)

Owner

(Title) Owner, President, etc.

Should you have any questions, please call me at 843.714.1803.

Thanks.
Christina

RECEIVED

APR -4 2013

ORS
T,T,W,W/W